

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/26/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15C0001102</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/17/2015</b>	
NAME OF PROVIDER OR SUPPLIER  <b>VISION SURGICAL CENTER AT SPRINGHILL INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>302 W 14TH ST STE 100 B JEFFERSONVILLE, IN 47130</b>			
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Q 000	INITIAL COMMENTS  This visit was for the recertification of an ambulatory surgery center.  Facility number: 002769  Dates of survey: 11/16/15 and 11/17/15			Q 000			
Q 041	416.41(a) CONTRACT SERVICES  When services are provided through a contract with an outside resource, the ASC must assure that these services are provided in a safe and effective manner. This STANDARD is not met as evidenced by: Based on document review and interview, the governing body failed to ensure that the quality assessment and performance improvement (QAPI) program included 1 contracted service (laboratory) in 4 quarters of 2015.  Findings:  1. Review of the policy titled Quality Improvement Plan indicated the following: Develop a schedule and report each aspect of care/service at least quarterly. The policy was last approved 3/10/15.  2. Review of the document titled Governing Board Bylaws, indicated The Board shall ensure that a contractor of any service furnishes those services in such a manner as to permit the Center to comply...and are included in the Center's quality assessment and improvement program. The Bylaws were last approved			Q 041			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Q 041	Continued From page 1 7/10/15.  3. Review of Quality Improvement Committee Meeting Minutes dated 11/10/15, 9/30/15, 6/10/15 and 3/26/15 lacked documentation of assessment or evaluation of contracted laboratory services.  4. On 11/17/15 at 3:55pm, A2, Director of Nursing, indicated the contracted laboratory services had not been included in QAPI program evaluations for 2015.	Q 041			
Q 081	416.43(a), 416.43(c)(1) PROGRAM SCOPE; PROGRAM ACTIVITIES  (a)(1) The program must include, but not be limited to, an ongoing program that demonstrates measurable improvement in patient health outcomes, and improves patient safety by using quality indicators or performance measures associated with improved health outcomes and by the identification and reduction of medical errors.  (a)(2) The ASC must measure, analyze, and track quality indicators, adverse patient events, infection control and other aspects of performance that includes care and services furnished in the ASC.  (c)(1) The ASC must set priorities for its performance improvement activities that - (i) Focus on high risk, high volume, and problem-prone areas. (ii) Consider incidence, prevalence, and severity of problems in those areas. (iii) Affect health outcomes, patient safety, and quality of care.	Q 081			

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Q 081	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, the center failed to ensure the quality assessment and performance improvement (QAPI) program measured, analyzed, and tracked quality indicators for 5 aspects of care and services (internal laboratory, nursing, pharmacy, tissue transplant and response to patient emergencies) in 2014 and 13 aspects of care and services (biomedical engineering, housekeeping, internal laboratory, contracted laboratory, linen services, maintenance, nursing, pharmacy, security, tissue transplant, transfer, infection control, medication errors, and response to patient emergencies) for 4 quarters of 2015.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of the policy titled Quality Improvement Plan indicated the plan to include, but not limited to, following: Set expectations, develop plans, manage processes, and set priorities to measure, assess, and improve the quality of governance, management, clinical and patient care services and support activities. Develop a schedule and report each aspect of care/service at least quarterly. The policy was last approved 3/10/15.</li> <li>2. Review of the document titled QI (Quality Improvement) Program Evaluation 2014 lacked documentation of evaluation of internal laboratory, nursing, pharmacy, tissue transplant, and response to patient emergencies</li> <li>3. Review of Quality Improvement Committee Meeting Minutes dated 11/10/15, 9/30/15, 6/10/15</li> </ol>	Q 081			

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Q 081	Continued From page 3 and 3/26/15 lacked documentation of quality indicator measurements/standards or data analysis of biomedical engineering, housekeeping, internal laboratory, contracted laboratory, linen services, maintenance, nursing, pharmacy, security, tissue transplant, transfer, infection control, medication errors, and response to patient emergencies.  4. On 11/17/15 at 3:55pm, A2, Director of Nursing, indicated the directly provided services of internal laboratory, nursing, and tissue transplant and contracted laboratory services had not been included in QAPI evaluations for 2015. A2 also indicated measurable standards were not reported for quality monitor indicators of biomedical engineering, housekeeping, linen services, maintenance, pharmacy, security, transfer, infection control, medication errors, and response to patient emergencies.	Q 081			
Q 241	416.51(a) SANITARY ENVIRONMENT  The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.  This STANDARD is not met as evidenced by: Based on document review, observation and interview, the facility failed to provide a safe and healthful environment that minimizes infection exposure and risk to patients in four instances.  Findings:  1. The policy/procedure Cleaning Plan for Surgical Areas, last reviewed 10/30/14, indicated:	Q 241			

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Q 241	<p>Continued From page 4</p> <p>A. All areas will be cleaned and disinfected on a regular basis to include surgical rooms, durable equipment, stretchers, equipment, pre-op/discharge, sub sterile rooms and workrooms.</p> <p>7. Terminal cleaning at the end of the day's surgery schedule includes but is not limited to:</p> <p style="padding-left: 40px;">b. Mop floors in Operating Rooms (OR), hallways and Pre-Op/Discharge (PACU).</p> <p>2. The policy/procedure Infection Control Plan, last revised 5/9/2012, indicated</p> <p>18. The Vision Surgery Center will use Association of PeriOperative Registered Nurses (AORN) infection control recommendations as our guidelines.</p> <p>3. AORN 2015 Cleaning Recommendations indicate:</p> <p style="padding-left: 40px;">IV Perioperative areas should be terminally cleaned:</p> <p style="padding-left: 80px;">IV a. Terminal cleaning and disinfection of perioperative areas, should be performed daily when the areas are being used.</p> <p style="padding-left: 80px;">IV b. All floors in the perioperative and sterile processing areas should be disinfected.</p> <p style="padding-left: 80px;">IV b.3. Floors surfaces should be disinfected before floor surfaces in the center of the room.</p> <p style="padding-left: 80px;">IV b.4. The entire floor surface should be disinfected, including areas under the OR bed and mobile equipment.</p> <p style="padding-left: 80px;">IV c. Terminal cleaning of operating and procedure rooms should include cleaning and disinfecting of all exposed surfaces.</p> <p>4. AORN Surgical Attire Recommendations indicates:</p> <p style="padding-left: 40px;">I.h.3 A fresh surgical mask should be donned before the health care worker performs or assists</p>	Q 241			

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Q 241	<p>Continued From page 5 with each new procedure.</p> <p>5. Observations</p> <p>A. While observing a patient undergoing a procedure on 11/17/2015 at 1000 hours, it was noted that physician #1 and Certified Registered Nurse Anesthetist (CRNA) #1 went from OR #1 to the PACU, and then into OR #2 without changing their surgical masks.</p> <p>B. On 11/17/2015 at 1300 hours, while touring the ORs and perioperative areas, accompanied by staff member #4, Infection Control Nurse, the following was observed:</p> <p>1.) In OR #one, dust and small amounts of debris were noted on the floor around the perimeter of the room. Also the surfaces of an ophthalmic microscope and a small storage cart, to the left of the OR entrance, had a layer of dust on them.</p> <p>2.). In OR #two, dust and small amounts of debris were noted on the floor around the perimeter of the room.</p> <p>3.). In the hallway floor edges from the ORs to the staff changing rooms (still in the sub sterile area), dust and debris were noted.</p> <p>6. Interview:</p> <p>A. On 11/17/2015 at 1500 hours, Staff member #4 concurred with the above findings.</p>	Q 241			